

**AYURVEDIC MANAGEMENT OF PRASRAMSINI YONIVYAPAD
W.S.R TO PELVIC ORGAN PROLAPSE****Dixith Deepti^{1*}, Sunitha Joshi²**

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ABSTRACT

The health of human reproductive organs is essential for a healthy life. Protrusion of pelvic organs into or out of the vaginal canal is termed as pelvic organ prolapse. Laxity of vaginal canal and uterine descent is one of the conditions commonly seen as a complication of prolonged labor or patients having history of first degree uterine prolapse. According to WHO estimation, global prevalence of uterine prolapse is 2-20 percent. *Prasramsini* is one among the twenty *yonivyapad* which was first mentioned by *AcharyaSushrut* and placed under *Pittajayonivyapad*. It is a condition in which there is displacement of yoni from its place occurs along with vaginal discharge and difficulty in labor due to abnormality of birth passage. The descent of an organ is called *sramsana* and condition is called *prasramsini* which may be correlated with

first and second degree uterine prolapse. As no *yonivyapad* can occur without the involvement of *vata* dosha, so *prasramsini* can be considered as *vataanubandhipittajayonivyapad*. Hence the drug selected for the study is *vatapittahara* and *balya*. Therefore an attempt was made to treat *Prasramsini* by *Changeryadighrta* for *abhyanga*, *yoniswedana* with *ksheera* followed by *yonipichu* with *mushikataila*.

KEYWORDS: Pelvic organ prolapse, *prasramsini*, *abhyanga*, *yoniswedana*, *yonipichu*.

INTRODUCTION

Pelvic Organ Prolapse (POP) is defined as the descent of one or more pelvic organs—such as the uterus, bladder, rectum, or vaginal vault—through the vaginal canal, resulting from the weakening or loss of support of the pelvic floor muscles, fascia, and ligaments. According to the International Continence Society (ICS), it is characterized by the downward displacement of the vaginal walls, uterus, or vaginal apex beyond their normal anatomical confines. In Ayurvedic terms, this correlates closely with Prasramsini Yonivyapad, where Yoni Sransana (displacement of the vaginal canal and uterus) occurs due to Vata and Pitta vitiation, leading to structural and functional derangement. It is a condition in which there is displacement of yoni from its place occurs along with vaginal discharge and difficulty in labor due to abnormality of birth passage.

Pelvic organ prolapse is a common gynecological disorder, particularly among multiparous and postmenopausal women. Globally, its estimated prevalence ranges from 30% to 50% among women above 40 years, with symptomatic prolapse reported in about 6–12% of cases.

DEGREES OF PROLAPSE

Stage	Description
0	No descent of pelvic organs
I	leading edge of the prolapse remains 1 cm or more above the hymenal ring ($\leq 1\text{cm}$)
II	leading edge of the prolapse extends from 1 cm above to 1 cm below the hymenal ring
III	from 1 cm beyond the hymenal ring but without complete vaginal eversion
IV	Essentially complete eversion of vagina

AIM AND OBJECTIVES

To assess the efficacy of Ayurvedic drugs in the management of Prasramsini yonivyapad.

MATERIAL AND METHODS

The study was conducted at Dr. Brkr government Ayurvedic hospital, Hyderabad, Dept. of Streeroga and Prasutitantra. The treatment approach was well explained to the patient.

CASE DISCUSSION

Chief complaint: A 48 years old female hindu patient, housewife visited to the OPD of Prasuti tantra & streeroga of Dr Brkr government ayurved college, Hyderabad on 07/08/2023 with complaints of feeling of something coming out of vagina since 8 months, increased

frequency of micturition since 4 months burning micturition, difficulty in holding urine urge and constipation.

Past history of present illness: Patient was apparently healthy before 8 months. Gradually she developed feeling of something coming down in vagina on straining for defecation but she neglected that and continued her daily activities. Along with that since 4 months, she developed difficulty in holding urine urge for even 2-3 minutes with passage of drops of urine on coughing or sneezing. Frequency of micturition during day time was increased from 4-5 times to 6-7 times, with mild burning micturition which used to subside after 5-10 minutes of passing urine. As these complaints started disturbing her daily activities, she consulted Prasuti stree roga OPD of Dr BRKR government Ayurvedic hospital.

Past history: No H/O DM/HTN/hypo-hyperthyroidism or any other major medical or surgical history.

Family history: No history of same illness in any of the family members.

MENSTRUAL HISTORY

Menarche at - 13 yrs of age,

Cycles- regular

Duration of bleeding - 4-5 days

No of pads/day – 2-3 pads, Clots- present

Married life – 27 year

OBSTETRIC HISTORY

O/H – P2 L2 A0

P1- Male 24 years FTND

P2 – Female 21 years FTND

Contraceptive history - TL done 21 years back

General examination

- Built : Moderate
- Nourishment : Moderate
- Pulse : 82 / min
- BP – 128/80 mm of hg

- Respiratory Rate : 18 / minute
- Height : 153 cm Weight : 59 kg
- Tongue : Slightly coated
- Pallor/Icterus/Cyanosis/Clubbing/Edema/Lymphadenopathy : Absent

Systemic examination

- RS: Normal Vesicular breathing , no added sounds
- CVS: S1 S2 Normal
- CNS: conscious, well oriented

Gynaecological examination

- Breast Examination - B/L Breasts – NAD
 - Inspection of Vulva – No evidence of pruritus, ulceration, swelling.
 - P/A - Soft, no tenderness, no organomegaly
 - Per speculum (P\S) examination- vagina normal, cervix healthy and normal size, no white discharge.
 - Per vaginum(P/V) examination –External os felt 2.5cm below the level of ischial spines but still remained inside the vagina.
- ✓ On Coughing – External os felt 4cm below the level of ischial spines but still remained inside the vagina.
- ✓ Descent of upper 2/3rd of anterior vaginal wall present. Dribbling of urine observed during coughing.

Investigations (07/08/2023)

- Hb-12.8gm %
- RBS - 112 mg/dl
- Urine Routine & Microscopy-
- Epithelial cells – 2-3/hpf
- Pus cells– 3-4/hpf
- Albumin- nil
- Sugar – nil
- USG abdomen and pelvis (07/08/23) - no significant abnormality detected.

Ashtavidha pariksha

- The Nadi(pulse) - 72/min
- Mutrapravritti (micturition)- 8-9 times /day and 2-3 times / night,
- Malapravritti(bowel) is once in 2-3 days, passes stool on straining.
- Jihwa (tongue) - sama
- Shabda(voice) - samanya (normal)
- Sparsha - samushnasheeta(afebrile touch)
- Drik- (vision)- prakrit (normal)
- Aakriti(constitution)- madhyam (medium)

Dashvidha pariksha

- Prakriti - vatapittaja
- Vikriti.- vatapittaja
- Sara- Madhyama
- Samhana - Madhyama
- Pramana - Madhyama
- Satmya - Madhura rasa (sweet).
- Satva – Madhyama
- Ahara shakti - Madhyama
- Vyayam shakti - Madhyama
- Vayas- Madhyama

TREATMENT

- Abhyantara chikitsa-
- Chandraprabhavati 2 BD, after food with lukewarm water for two months.
- SthanikChikitsa-
- Yoni Abhyanga with Changeryadi ghrt for 7 days for 2 consecutive cycles.
- Yoni sweda with ksheera (cow milk) for 15 minutes, for 7 days
- Yoni pichu dhaaran with mushika tail kept for 2 hours for 7 days

RESULTS

Date	Treatment given	Observation
1 st visit (07/08/2023)	Abhyantara chikitsa- 1. Chandra prabha vati 2 BD, after food with luke warm water for two months. Sthanik Chikitsa.	<ul style="list-style-type: none"> • Frequency of micturition had reduced to 6-7 times. • Complaints of passing drops of urine on coughing, sneezing or any

	<ol style="list-style-type: none"> 1. Yoni Abhyanga with Changeryadi ghrta for 7 days for 2 consecutive cycles. 2. Yoni sweda with ksheera (cow milk) for 15 minutes, for 7 days 3. Yoni pichu dhaaran with mushika tail kept for 2 hours for 7 days 	<p>increased intra-abdominal pressure condition, had reduced.</p> <ul style="list-style-type: none"> • Complete relief from burning micturation. • Patient could hold urine for 5 minutes. • Easy feecal evacuation. • No change in c/o something coming out from vagina.
<p>2nd visit (04/09/2023)</p>	<p>Abhyantara chikitsa-</p> <ol style="list-style-type: none"> 1. Chandra prabha vati 2 BD, after food with luke warm water for two months. <p>Sthanik Chikitsa.</p> <ol style="list-style-type: none"> 1. Yoni Abhyanga with Changeryadi ghrta for 7 days for 2 consecutive cycles. 2. Yoni sweda with ksheera (cow milk) for 15 minutes, for 7 days 3. Yoni pichu dhaaran with mushika tail kept for 2 hours for 7 days 	<ul style="list-style-type: none"> • Frequency of micturation had reduced to 4-5 times. • No Complaints of passing drops of urine on coughing, sneezing or any increased intra-abdominal pressure condition. • Complete relief from burning micturation. • Patient could hold urine for 10-15 minutes. • Easy feecal evacuation. • 60-70% relief in c/o something coming out from vagina.

DISCUSSION

- छंसनम् – “उर्ध्वगतदोशस्य अधोनयनम्”
- Sramsana means to fall, to drop, to slip off, to hang down it can be understood that.
- “स्थानात् च्यन्यम्” of yoni would mean prolapse of female genital tract & also the surrounding structures through the vagina.
- Sramsana includes the initial stage of prolapse. Hence 1st and 2nd degree of uterine prolapse with mild to moderate cystocele was included in the study.
- Based on the nidana and samprapti we can plan the treatment as dosha pratyanka chikitsa & Vyadhi pratyank chikitsa.
- In vyadhi pratyanka chikitsa treatment goes like abhyanga should be done to the prolapsed part with medicated Ghrita and taila, followed by sthanika swedana with medicated ksheera and swasthanansthapana of prolapsed part and vesavara bandhana.
- In pitta dosa pradhana yonivyapad seka, abhyanga, and pichu have been advised by our acharya`s.
- Chandraprabha vati: It is indicated in Mutraghata vikara and it has Sarvarogapranashini and Rasayana property. It alleviates Vata, Pitta as well as Kapha and promotes strength as

well as virility. It works on Prasramsini Yonivyapad by its Rasayana property, because it will help to reduce muscle laxity and will strengthen the muscle.

- Sthanika chikitsa (local treatment) given in the form of yoni abhyanga which is vatahara and dhatupusthi janakatva (nourishing tissue elements), rejuvenates the vaginal wall and associated musculature by dhatu pushti. The drug chosen was Changeryadi Ghrita which will help in Prasramsini Yonivyapad by its Vatashamaka property.
- The aim of swedana karma with ksheera is to clear of the passages, to increase laxity and relieve pain.
- Yoni pichu dharana with Mushika taila helped in prolapsed condition by strengthening the vaginal muscles and dhaatu, subsides the vitiated doshas, cures the pain and heals the damage occurred to the pelvic tissues and also prevents from further infections.
- Hence in this condition treatment is planned by according to both dosha pratyanka and vyadhi pratyanka chikitsa i.e sthanika yoni abhyanga, ksheera sweda and pichu dharana with Mushika taila. As Ksheera sweda and Pichu dharana with medicated oil is directly indicated in Prasramsini yoni vyapada so it has been selected for the treatment.
- The objective of the treatment is to improve tonicity of abdominal and perineal muscles and to prevent from further descent of genital organs.

CONCLUSION

- The study revealed highly significant result in the management of Prasramsini yoni vyapada.
- The aim of swedana karma with ksheera is to clear of the passages, to increase laxity and relieve pain. Changeryadi ghrita is vaatahar which is main dosha in all yoni vyapada.
- Yoni pichu dharana with Mushika taila helped in prolapsed condition by strengthening the vaginal muscles and dhaatu, subsides the vitiated doshas.
- Tablet Chandraprabha vati which was given orally has affect on tridoshas and also helped in urinary difficulties.

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